

# WARRANTY RETURN CLAIM FORM

## REQUIRED INFORMATION AND DOCUMENTATION

### DEALER/INSTALLER INFORMATION

DEALER (Name): \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**and / or**

INSTALLER (Name): \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

### CUSTOMER INFORMATION

CUSTOMER (Name): \_\_\_\_\_

Date: \_\_\_\_\_ Telephone: \_\_\_\_\_

### VEHICLE INFORMATION

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Current Mileage: \_\_\_\_\_

Emissions Certification:  49-State  California Engine Size: \_\_\_\_\_ VIN: \_\_\_\_\_

### THE FOLLOWING DOCUMENTS MUST BE PROVIDED FOR ALL CLAIMS:

- Original WARRANTY CERTIFICATE / INSTALLATION STATEMENT
- Copy of INVOICE showing replacements under warranty

In addition, if the Claim relates to **EMISSIONS PERFORMANCE**, the following must be provided:

- Copy of **failed** EMISSIONS INSPECTION TEST
- Copy of work order or invoice documenting vehicle's operating condition and any related repairs or adjustments.

If the Claim relates to **OBDII CATALYST INEFFICIENCY**, the following must also be provided:

- Verification Documentation of all Diagnostic Codes by a qualified technician.

### REPLACEMENT PART INFORMATION

Original Part Number	Replacement Part Number	Defect Code	Mileage Installed	Mileage Replaced	Replacement Date

#### DEFECT CODES

- E = Emission Test Failure
- F = Fit
- B = Broken
- M = MIL (check engine light)
- O = Other (specify below)

Please specify the nature of the defect below:

\_\_\_\_\_

\_\_\_\_\_

